

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/762762**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		2		2		
7		2		2		
8		2		2		
9		2		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1			1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		2		2		
21		2		2		
22		2		2		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27	1		1			
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		2		2		
33		1		1		
34		1		1		
35		2		2		
36		2		1		
37		0		6		
38		2				
39		2		1		
40		2		1		
41	1		1			
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		2		2		
47		2		2		
48		2		2		
49		2		1		
50		1		1		
TOTAL IND.	4		3			
TOTAL DEP.		61		61		
TOTAL CLAIMS	4	61	3	61		

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52						
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98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		68				
TOTAL CLAIMS	4	68				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS